RECOMMENDATION FOR INCENTIVE AWARD (12451)

TO: _____ DATE: _____
(Approving Officer)

VIA: Administrator, Incentive Awards Program

In Accordance with the reference, consideration for the award herein described is recommended for the employee(s) named below.

RECOMMENDED BY	POSITION(Title,Location) AND NAME OF ACTIVITY		
EMPLOYEE(Name:First,Last M.I.) PAYROLL NO.	POSITION (Title and Location)	GRADE	ANNUAL BASE PAY

(Attach a list for additional employees)

1. BASIS FOR AWARD RECOMMENDATION

☐ ON-THE SPOT ☐ SPECIAL ACT or SERVICE ☐ TIME-OFF AWARD	DATES(S) OF ACHIEVEMENT FROM: TO:	AMOUNT OF CASH AWARD $ AMOUNT OF TIME-OFF AWARDS Hrs.

2. ESTIMATE OF BENEFITS (For Special Act or Service Awards)

A. INTANGIBLE BENEFITS	☐ SAFETY	☐ IMPROVED METHOD	☐ MORALE	☐ OTHER(Specify)
VALUE	☐ MODERATE ☐ SUBSTANTIAL		☐ HIGH	☐ EXCEPTIONAL
EXTENT OF APPLICATION	☐ LIMITED ☐ EXTENDED		☐ BROAD	☐ GENERAL

B. TANGIBLE BENEFITS (In table below compute labor savings at actual cost.)

ITEM	LABOR			MATERIALS			TOTAL
	MAN-HRS. PER	DOLLARS PER	TOTAL	UNITS PER	COST PER UNIT	TOTAL	Labor and Materials
FORMER METHOD		$	$		$	$	$
NEW METHOD							
SAVINGS							

3. DESCRIPTION OF ACHIEVEMENT/JUSTIFICATION: (Need not be lengthy, but should clearly show exceptional achievement of a contribution worthy of recognition. One or two lines is sufficient for On-The-Spot Awards.)

(ITEM NO. 3 CONTINUED)

(Use additional sheets as necessary)

4.   ACTION BY APPROVING OFFICIAL. (Technical review by Civilian Personnel Division required before completing Item 4.)

An incentive award in the amount of   ☐ $ _____   ☐ _____ Hrs. is hereby:

——————————   Approved.   The recommended award meets current requirements.

——————————   Disapproved. The recommended award does not meet current requirements.
(State reason(s) for disapproval.)

NAME AND TITLE	SIGNATURE	DATE